

APPOINTMENT OF AND AUTHORITY TO PAY COURT APPOINTED COUNSEL

Case 4:96-mj-00005-DS Document 7 Filed 01/11/96 Page 1 of 1

(6)
0662763

1. JURISDICTION 1 <input checked="" type="checkbox"/> MAG. 2 <input type="checkbox"/> DIST. 4 <input type="checkbox"/> OTHER		3 <input type="checkbox"/> APPEALS	2. MAG. DOCKET NO. 96m 5	3. DIST. CT. DOCKET NO.	VOUCHER NO.
4. APPEALS DOCKET NO.		5. FOR (DISTRICT/CIRCUIT)	6. LOC. CODE	7. CHARGE/OFFENSE (U.S. or other code citation)	
8. IN THE CASE OF VS		9. PERSON REPRESENTED (FULL NAME)		9A. NO. REPRESEN.	
10. PERSON REPRESENTED (STATUS) 1 <input checked="" type="checkbox"/> DEFENDANT—ADULT 3 <input type="checkbox"/> APPELLANT 5 <input type="checkbox"/> OTHER 2 <input type="checkbox"/> DEFENDANT—JUVENILE 4 <input type="checkbox"/> APPELLEE		11. PROCEEDINGS (Describe briefly)			
12. PAYMENT CATEGORY A <input type="checkbox"/> FELONY C <input type="checkbox"/> PETTY OFFENSE E <input type="checkbox"/> OTHER B <input checked="" type="checkbox"/> MISDEMEANOR D <input type="checkbox"/> APPEAL					
13. COURT ORDER O <input checked="" type="checkbox"/> Appointing Counsel F <input type="checkbox"/> Subs. for FD C <input type="checkbox"/> Co-Counsel R <input type="checkbox"/> Subs. for Retained Atty. P <input type="checkbox"/> Subs. for Panel Atty.		Name of prior panel attorney		14. FULL NAME OF ATTORNEY/PAYEE (First Name, M.I., Last Name, Including Suffix) AND MAILING ADDRESS GEORGE A. RAY, CLERK SYRACUSE	
Appt. Date _____ Voucher No. _____				15. WORK PHONE	
Because the above-named "person represented" has testified under oath or has otherwise satisfied this court that he or she (1) is financially unable to employ counsel and (2) does not wish to waive counsel, and because the interests of justice so require, the attorney whose name appears in item 14 is appointed to represent this person in this case.				16A. Does the attorney have the preexisting agreement (see Instructions) with a corporation, including a professional corporation? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Judge William J. Flynn Sig. of Presiding Judicial Officer or By Order of Court (Clerk/Deputy)				16B. SOCIAL SECURITY NO. 000-00-0000 EMPLOYER I.D. NO. ND OF N.Y. (Only provide per Instructions) (Only provide per Instructions)	
► 1/2/96 ► Date of Order		Nunc Pro Tunc Date		16D. SAME AND MAILING ADDRESS OF LAW FIRM 1000 DEADERICK ST. JAN 11 1996 W (Only provide per Instructions)	
CLAIM FOR SERVICES OR EXPENSES					
IN COURT	SERVICE	HOURS	AT	DATES	O'CLOCK
	a. Arraignment and/or Plea				
	b. Bail and Detention Hearings				
	c. Motions Hearings				
	d. Trial				
	e. Sentence Hearings				
	f. Revocation Hearings				
	g. Appeals Court				
h. Other (Specify on additional sheets)					
(Rate per hour =) TOTAL HOURS =		\$			
OUT OF COURT	a. Interviews and conferences				
	b. Obtaining and reviewing records				
	c. Legal research and brief writing				
	d. Travel time (Specify on additional sheets)				
	e. Investigative and other work (Specify on additional sheets)				
(Rate per hour =) TOTAL HOURS =		\$			
EXPENSES	TRAVEL, LODGING, MEALS ETC.	AMOUNT	OTHER EXPENSES	AMOUNT	19A. TOTAL TRAVEL EXP.
					\$
					19B. TOTAL OTHER EXP.
					\$
					20. GRAND TOTAL CLAIMED
					\$ 150.00
21. CERTIFICATION OF ATTORNEY/PAYEE FOR PERIOD 1/3/96 TO 1/5/96					
F <input type="checkbox"/> Final Payment I <input type="checkbox"/> Interim Payment No. _____ Has compensation and/or reimbursement for work in this case previously been applied for? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, were you paid? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, by whom where you paid? _____ How much? _____ Has the person represented paid any money to you, or to your knowledge to anyone else, in connection with the matter for which you were appointed to provide representation? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, give details on additional sheets. _____					
I swear or affirm the truth or correctness of the above statements ►					
SIGNATURE OF ATTORNEY/PAYEE					
APPROVED FOR PAYMENT	22. IN COURT COMP. 2.5	23. OUT OF COURT COMP. \$ —	24. TRAVEL EXPENSE \$ —	25. OTHER EXPENSES \$ —	26. TOTAL AMT. APPROVED/CHRG. \$ 150.00
	27. SIGNATURE OF PRESIDING JUDICIAL OFFICER		DATE 1/4/96		27A. JUDGE/MAG. COOP. OGBO
	28. SIGNATURE OF CHIEF JUDGE, CT. OF APPEALS (OR DELEGATE)		DATE		29. TOTAL AMT. APPROVED \$ —